

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-1586.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 2-5-02.
- b. There was no original submission of the dispute noted from the Provider in the Commission's case file.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. Pre-Authorization notice dated 1-24-02. (Faxed to the Commission on 8-4-02).
2. Respondent, Exhibit 2:
 - a. TWCC 60
 - b. HCFA's
 - c. TWCC 62s
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. No original request for dispute resolution was noted in the dispute packet. A fee letter (MR-116) was mailed on 8-8-02 to provider requesting two copies of additional documentation. There is no response reflected in the case file as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Respondent's three day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: None noted in the dispute packet.
2. Respondent: None noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 2-5-02.

2. The Carrier has denied the disputed services as reflected on the TWCC 62s as “V – Unnecessary Treatment (with peer review).”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
2-5-02	63047 L2-80	\$1000.00	\$-0-	V	\$885.00	Rule 133.307 (g) (3) (B); CPT descriptor	<p>The Carrier has denied the disputed services as “V”. Preauthorization was issued on 1-24-02.</p> <p>However, when determining whether or not reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. TWCC Rule 133.307 (g) (3) (B) requires “a copy of any pertinent medical records or other documents relevant to the fee dispute” be submitted. No medical documentation was noted in the dispute packet. Therefore, no reimbursement is recommended.</p>
2-5-02	63048 S1-80	\$ 200.00	\$-0-	V	\$177.00		
2-5-02	22630 L3-80	\$1000.00	\$-0-	V	\$412.50		
2-5-02	22650 L4-80	\$ 500.00	\$-0-	V	\$159.25		
2-5-02	22625 L3-80	\$1000.00	\$-0-	V	\$316.13		
2-5-02	22650 L4-80	\$ 750.00	\$-0-	V	\$477.75		
2-5-02	22842-80	\$1000.00	\$-0-	V	\$850.00		
2-5-02	20975-80	\$ 250.00	\$-0-	V	\$113.75		
Totals		\$5,700.00	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 11th day of November 2002.

Lesa Lenart
 Medical Dispute Resolution Officer
 Medical Review Division